PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwork Reduc	tion Act of 1995	no persons are require	ed to res	spond to a collection	of informa	tion unless	it display	s a valid OMB control number	
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/575				Conf. No.: 5126	
FEE TRANSMITTAL For FY 2009  Applicant claims small entity status. See 37 CFR 1.27				Filing Date March		arch 05, 2	007		
				First Named Inventor Hirom		iromichi IN	IAISHI		
				Examiner Name S.A. A		A. ALHIJ	4		
Applicant claims sma	Il entity status.	See 37 CFR 1.27		Art Unit	2	128			
TOTAL AMOUNT OF PA	MENT (\$)	180.00		Attorney Docket	No. 17	794-0182	PUS1		
METHOD OF PAYMEN	IT (check all	that apply)							
Check Credit	Card N	Money Order	None	e Other (p	lease iden	tify):		-44	
Deposit Account	Deposit Account	Number: 02-2448		Deposit Ac	count Nam	e:			
		ccount, the Director	r is here	eby authorized to:	(check a	ll that app	ly)		
✓ Charge fee(s	s) indicated be	low		Charge	e fee(s) ir	dicated b	elow, ex	cept for the filing fee	
Charge any under 37 CF WARNING: information on the office and authorization authorization and authorization and authorization and authoriz	R 1.16 and 1. Is form may be	come public. Credit c				payments ded on this	s form. P	rovide credit card	
FEE CALCULATION									
. BASIC FILING, SEA	FILING F			CH FEES Small Entity	EXAMI	NATION Small I	FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (S	) Fee		Fees Paid (\$)	
Utility	330	165	540	270	220	110	)		
Design	220	110	100	50	140	70	)		
Plant	220		330	165	170	85	5		
Reissue	330	165	540	270	650	325	i		
Provisional	220	110	0	0	0	(	)		
2. EXCESS CLAIM FEES Fee Description							52	Small Entity Fee (\$) 26	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims over 3 (including Reissues)							390	195	
Total Claims						Mu	Multiple Dependent Claims		
- 20 or HP =	0	_ x		0.00		E	ee (\$)	Fee Paid (\$)	
HP = highest number of tot Indep. Claims - 3 or HP = HP = highest number of ind	Extra Ciain 0	ns <u>Fee (\$)</u> x=		Paid (\$) 0.00		_			
ADDI ICATION SIZE	CEE								
If the specification an	d drawinos e	xceed 100 sheets	of pap	er (excluding e	electronic	cally file	d seque	ence or computer	
listings under 37 ( sheets or fraction	CFR 1.52(e))	, the application s	ize fee	due is \$270 (\$	6(0)	sman en	nty) tor	each additional 50	
Total Sheets - 100 =	Extra Shee	ts Number	of eacl	h additional 50 o	or fraction	thereof	Fee	(\$) Fee Paid (\$) = 0.00	
Non-English Specia		30 fee (no small e						Fees Paid (\$)	
Other (e.g., late fili	ng surcharge	): Information Disck	osure S	Statement Fee				180.00	
		7							
JBMITTED BY gnature	1( )		1	Registration No. (Attorney/Agent)	13368		Telepho	one 703-205-8000	
me (Print/Type) Paul C.	Lewis						Date A	ugust 9, 2010	

This collection of Information is required by 37 CFR 1,138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 30 minutes to complete underlying absenting preparing, and submilling the completed application from the USPTO. The well-way depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chef information Officer. U.S. Potential of Transcription (From User, Potential), V. 2215 States, v. 2215 States